System Improvement Plan Narrative

I. Local Planning Bodies

Self Assessment Team
The Self Assessment Team that assisted with the Bureau's self assessment represented a wide array of stakeholders. The input and contributions of this group informed the choice of outcome indicators for inclusion in the System Improvement Plan. The concerns and interest of Team members also helped to bring racial disproportionality to the fore as a major focus for intervention in this initial SIP. Members in the first list below also provided comment and input to the development of the SIP. Members of the Self Assessment Team included:

Probation	Richard Birss, Probation Manager
	Bill Grunert, Manager
	Mark Morris (consultant to Juvenile Systems Planning Advisory Committee or JSPAC)
Parent	Cheryl Barrett
Youth	Narcissus Hogue, Former Foster Youth
Mental Health	Rich Weisgal, Supervisor
	Gary Solak, Mental Health Liaison
Education	Loretta Morris, Vocational Administrative Specialist
	Catherine Giacalone, Manager
Public Health	Marilyn Condit-Fonseca, PHN
Alcohol and Other Drugs	Amelia Gonzalez-Valle, Manager
Court Appointed Special Advocates	Keith Archuleta, Executive Director
Court	Martha Rosenberg, Assistant to the Director
Labor	Kate Acosta, Social Casework Specialist II
Community	Taalia Hasan, Executive Director Youth Services Bureau

Self Assessment Members and Guests, Children and Family Services Bureau

Ken Adams, Social Work Supervisor II

Evelyn Aguilar, Social Casework Specialist II

Ann Arvanian, Social Casework Specialist II

Yvonne Chevalier, Social Work Supervisor II

Melissa Connelly, Social Work Supervisor II

Victoria Danby, Social Casework Specialist II

Leslie Davis, Social Work Supervisor II

Ted Gempf, Social Casework Specialist II

Preston Gilmore, Social Work Supervisor II

Gloria Halverson, Division Manager

Holliedayle Hertweck, Social Work Supervisor II

Bree Marchman, Intern

Neely McElroy, Social Work Supervisor II

Ray Merritt, Division Manager

Lisa Molinar, Staff Development Specialist

Carl Nishi, Social Casework Specialist II

Kristine Nishi, Social Casework Specialist II

Michelle Paterson, Social Work Supervisor II

Patricia Perkins, Social Work Supervisor II

Steve Peavler, Division Manager

Jessie Rojas, Social Casework Specialist II

Ellen Scharffenberg, Social Casework Specialist II

Jeri Smith, Social Casework Specialist II

Rhonda Smith, Social Casework Specialist II

Stefanie Thomas, Social Casework Specialist II

Pam Wilson, Information System Analyst CWS/CMS

Redesign Steering Committee

The Redesign Steering Committee grew out of the Bureau's stakeholder group that was formed over three years ago when the Bureau began its own "redesign" and strategic planning process simultaneous with the launch of Family to Family. The group has since expanded and reformulated in support of Contra Costa County's role as a Cohort 1 County in the state-supported child welfare redesign process.

Members of the Steering Committee participated in the Self Assessment process in a variety of ways. As all geographic areas of the County are represented on the Steering Committee members helped to identify service strengths and gaps in their regions when the Self Assessment process was first launched. Staff involved with the Self Assessment shared the analysis and findings related to the Bureau's performance on the outcome indicators as well as the findings related to racial disproportionality within the local child welfare system. Steering Committee members identified the need to reach out, dialogue and educate the African-American community about the differences between physical discipline and child abuse and a sub-committee has been formed to continue this work. This suggestion has also been included in the SIP.A presentation was made to Steering Committee members as the SIP was drafted and input and comments were gathered from all members present.

Members of the Redesign Steering Committee members are:

Kate Acosta	Local 535
Steven Bautista	Contra Costa County Probation Department
Brenda Blasingame	First 5 Contra Costa
Bianca Bloom	Contra Costa County Office of Education
Kevin Bristow	Independent Living Skills Program
Barbara Bysiek	Family Stress Center - CBO
Carol Carrillo	Child Abuse Prevention Council
Sister Roberta Carson	St. Bonaventure's Church)
Danna Fabella	Children and Family Services Director
Larry Hanover	Contra Costa County Mental Health, Health Services Department
Rev. Yaahn Hunter	New Faith Cathedral Church of God
David Lee	STAND Against Community Violence
Cheryl Maier	Opportunities West - CBO
Rev. Henry Perkins	First Baptist Church
Lois Rutten	Children and Family Services Division Manager
Dorothy Sansoe	County Administrator's Office
Intisar Shareef	Contra Costa Community College
Brenda Underhill	Underhill & Associates
Rich Weisgal	Contra Costa County Mental Health, Health Services Department
Ron Wetter	Independent Business Consultant

II. Findings that Support Qualitative Change

Contra Costa embarked on its own local redesign process in 2000. Since that time, community meetings have occurred throughout the County to solicit input from families, community based organizations, local schools, faith-based organizations, the business community and other interested parties. Thriving “Redesign partnership” meetings regularly occur in all three of the Bureau’s district offices. The Self-Assessment process brought many of these interested parties together on the Self Assessment Team itself or through the Redesign Steering Committee. This strong history of community involvement, inclusion and increased transparency supported Contra Costa in the Self-Assessment and System Improvement Plan effort.

In addition, in the summer of 2003, money supplied by CDSS to counties interested in preparing for the Redesign was used to survey over 2000 parents and families in Family to Family target neighborhoods. The purpose of the survey was to learn about which services families used and which they believed that “families needing help with their children” might need. Community-based organizations received contracts to hire surveyors from the target neighborhoods, training was provided by the Bureau and the surveys were administered door-to-door in the native language of the respondents. The results of this survey have been reviewed in the district offices by the Redesign Partnership meetings, informed the planning of these community groups, and

addressed through mini-grants. Further information and the findings can be found in Contra Costa's Self Assessment report, pp. 74-77.

III. Summary Assessment (Section V, Self-Assessment)

System Strengths and Areas Needing Improvement
Contra Costa County's Children and Family Services Bureau has a rich history of innovative, creative and collaborative program development and service provision. Conducting this Self-Assessment has provided Bureau staff, community members and collaborating partner agencies the opportunity to further explore Bureau performance, identify areas for improvement, and underscore what is already working and deserves expansion or preservation.

The next several years will further enhance the Bureau's capacity to provide improved services to children, youth and families. As a Redesign Cohort 1 county, Contra Costa is looking forward to piloting a safety and risk assessment framework that combines the best of the Fresno and the new risk/safety constructs developed by the Safety and Risk Assessment Workgroup of the Stakeholders Committee. Bureau staff and partners have worked diligently in designing an operational plan for a differential response system which is already being piloted with a small number of families using Promoting Safe and Stable Families (PSSF) funding. Once in place, differential response should reduce the number of families being referred for investigation, help reduce recidivism and foster care reentry by providing families served by the Bureau with culturally appropriate and community-based after care services, and support efforts to address racial disproportionality.

The Redesign's emphasis on permanency and youth transition will assist the Bureau in addressing racial disproportionality and the fact that over 50% of children still in care after 54 months are African-American. While respecting the cultural viewpoint of African-American families regarding terminating parental rights and adoption of kin, the Bureau recognizes that it needs to improve its permanency focus for African-American children and youth. We intend to work with our collaborating agencies, faith-based communities and African-American community members in crafting an approach that will address this need.

The recently-awarded Family to Family System of Care grant will further the efforts of the Bureau in addressing permanency and the needs of youth in our system. The grant provides the funding to expand TDMs for children already in placement, provide peer mentoring to parents involved in the system, and address the needs of children at high risk for multiple placements.

This discussion of strengths and areas for improvement is a summary of this report. Detailed explanation of the outcome indicators and systemic factors can be found in their respective sections of this document.

Participation Rates and Outcome Indicators
Contra Costa has identified the following four areas for inclusion in its System Improvement Plan:

- Number and rate of first entries to foster care
- Outcome indicator 3A: Percent reunified within 12 months

  Both of these components of the SIP are directed at addressing the disproportionate representation of African-American children in the child welfare system. First entries to care will examine the overrepresentation of African-American children under 1 year old entering the system. Addressing reunification rates will also target this population in addition to older African-American children (and children of other ethnic groups as well).

- Outcome indicator 2B: Percent of child welfare investigations with a timely response
- Outcome indicator 2C: Timely social worker visits with child

  The Bureau recognizes the need to improve its performance in completing 10-day investigations within the mandated timeframe as well as improving its required social worker visits to all children without a visit exception.

A word about participation rates: While not a federal or state-required outcome indicator, per se; participation rates are an important tool for analyzing the representation within the system of the ethnic groups served by the Bureau. Referral and substantiation rates, first entries to care, and point-in-time counts of children in care are all important measures of Bureau efforts to address racial disproportionality.

Safety Outcome Indicators
For both state-enriched measures of recurrence of maltreatment, Contra Costa performs better than the statewide average. For indicator 1B (recurrence of maltreatment within 12 months) the state average is 14.6% with Contra Costa performing at 11.1%. For indicator 2B (rate of recurrence in homes where children are not removed) the state average is 9.4% with Contra Costa performing at 9.3%.

Recurrence of maltreatment is a perfect example of a “counterbalanced outcome”; i.e., when a change in one outcome may affect other outcomes. In this case, the County’s efforts to improve reunification within 12 months of system entry may result in an increase in the rate of recurrence as staff works hard to return children home sooner.

The goal of any public child welfare system is to minimize recurrence of maltreatment by families already served. Contra Costa hopes to address its recurrence rates through implementation of both a safety and risk assessment framework and a differential response system over the next several years. While the County has a myriad of services available to families already, further improving community capacity to provide

preventive services to families and aftercare services to families already served by the child welfare system will positively impact recidivism.

The Self-Assessment Team identified services for parents of adolescents and Afro-centric parenting classes as service needs within the county. As discussed in the Service Array systemic factor, mini-grants have been provided to community agencies to expand community capacity and address needs such as these. Parenting classes for 60 parents, a Spanish-language father support group, respite for special needs children, and gang prevention and reduction activities for youth have all been funded in targeted communities.

Providing increased numbers of TDMs by expanding the population served to include children age 0 to 1 in Family to Family and providing TDMs to children and youth in placement through the System of Care grant will address recidivism as well.

Improved data collection and ability to further analyze the data would help all counties to address recurrence rates. Only the 2A data provides information on the type of abuse or neglect for the initial substantiation and subsequent substantiated report. Not surprisingly, general neglect is by far the highest number of recurrences. Providing this type of data for both indicators and the ability to analyze family versus child cases and whether some of the recurrence is a function of multiple reports on sibling groups would also assist in analysis.

The rate of maltreatment in foster care is at 0.67% as compared to a statewide average of 0.81% and a federal benchmark of $\leq$ 0.57%. Contra Costa anticipates the possibility of this rate increasing in the near term with data entry correction underway. Given the high number of county-licensed foster homes and the lower rate of usage of foster family agencies as compared to many counties, one could anticipate that Contra Costa would have a higher rate of maltreatment in care.

Finally, the process indicators 2B (percent of child welfare investigations with a timely response) and 2C (timely social worker visits with child) are two areas in need of improvement for the County. For 2B, only 52.1% of all 10 day investigations were responded to within the 10 day timeframe. As discussed in the body of this report, the Bureau has already worked to address this rate but will refocus attentions on increasing this rate to 95% or above. This will be a major focus of the SIP.

As for indicator 2C, timely social worker visits with the child ranged from 55.6% to 58.5% during the 3 months of the County Data Report. Staff members on the Self Assessment Team maintain that often visits are completed but work demands result in delayed entry into the CWS/CMS system. Concern was also raised that visit exceptions may not be entered correctly. While both of these points may have some validity, the Bureau intends to address this indicator in the SIP as well. All children in care deserve regular, on-going contact with their social worker.

Permanency and Stability Outcomes
The County's performance on the length of time to exit foster care to reunification is 36.9% as compared to a statewide average of 34.6%. Contra Costa hopes to improve its timely exits from foster care to reunification with a special emphasis on African-American children in foster care. In addition to further analysis of first entries to care, improving reunification rates will be another way to address the issue of racial disproportionality.

One factor impacting reunification rates is the litigious nature of child welfare practice in general and within the County in particular. While progress has been made in improving relationships with Juvenile Court and the private attorneys and public defenders representing parents and children, attorneys continue to advise parents not to speak with workers, sometimes making it difficult to engage families early in the casework process.

The County's performance on the percent of children adopted within 24 months is 5.4%. As discussed earlier in this report, there are both practice and court-related factors that impact this rate. Many adoptions do not occur until 36 months or later. While of concern, it is not an area that will be addressed in the SIP this year.

The County is doing relatively well on limiting the number of foster placements for children in care. It exceeds both the federal benchmark on the federal indicator and the statewide average on the state-enriched indicator. Possible explanations for this are the high number of kin placements, the dedicated group of county-licensed foster care providers, the training provided these providers, and the diligence and expertise of staff in providing services to both kin and non-kin care providers.

Rate of foster care reentry is an area to continue to monitor. Further analysis of this data will be done by the new quality assurance team that is under development. Contra Costa's performance on the state-enriched indicator, 3G (percent of children who reentered care within 12 months of reunification), is slightly above the statewide average and approximately 50% greater than the federal benchmark (12.9% versus a benchmark of 8.6%).

Family Relationships and Community Connectedness
Placing siblings together whenever possible is a Bureau goal. Even with small sibling groups of 2, 45% of those children are placed separately. However the overall rate of placement with all or some siblings stands at 60%. While the Bureau works hard at placing siblings together in care various factors impact our ability to improve the rate at which we do so. These include the high cost of housing in the county and the ability of caregivers to afford a home with extra bedrooms that can accommodate sibling groups. Licensing regulations also hamper the ability to address this issue in a creative manner.

The Bureau performs well when examining its least restrictive setting placement rate. This is primarily due to the strong emphasis by the Bureau on recruiting, training, and retaining county-licensed foster homes.

Well-Being Outcomes
The Bureau's Independent Living Services program is a vital, dynamic program that serves a large number of the youth eligible for services. This Self-Assessment has surfaced the need to begin reaching out to and engaging youth at an earlier age than 16 years old and plans are already underway for monthly ILS open houses. The County's performance on this indicator regarding youth transitioning to self-sufficient adulthood is good. We look forward to the future development of targeted well-being outcomes.

Systemic Factors
There are many system strengths in Contra Costa County in addition to a few areas of need. Systemic factors that are strengths include use of a management information system, foster/adoptive parent recruitment, licensing, and retention, service array, staff/provider training, and agency collaborations.

The first systemic area in need of improvement is case review, in particular parent and youth participation in case planning. An all-staff meeting was recently held that provided staff the opportunity to give input into how the Bureau is doing in the areas of family engagement and "good" case planning and future changes needed to support these practices. Court structure and relationship is another area for improvement given the highly litigious nature of the child welfare work within the County and the impact this has on case planning, reunification and adoption rates.

The second systemic factor in need of improvement is the quality assurance system. Much activity is currently underway in addressing the County's needs in this area. This includes the purchase of *Safe Measures*, training all supervisors in its use and developing a policy regarding the use of *Safe Measures* in supervising staff and reporting to the Division Manager. The County also has *Business Objects* and a number of staff are learning how to use that application. Finally, a consultant with expertise in evaluation, data analysis and statistics has recently come on board.

Areas for the Peer Quality Case Review (PQCR)
There are a number of practice-related areas that the Bureau wishes to explore through the Peer Quality Case Review process. Some of these areas of concern can be addressed through case file review to learn which type of family engagement assessment and case planning practices have the greatest impact on the practice area. The Bureau is also interested in learning from counties that are using new or creative best practices in responding to these practice areas.

Potential areas for further exploration through the PQCR include:

- Reunification of African-American children. Why aren't we more successful at reunifying African-American children sooner? Are some staff better at working with African-American families than others? What are the factors that contribute to their success? How can this success be replicated?

- What can we do to improve concurrent planning practices at the front end? Examining concurrent planning practices to learn why we have a more difficult time doing concurrent planning early in the casework process with relatives versus non-relatives.

- Examining permanency planning cases to discover the reasons why so many children are coming into adoption with insufficient exploration of relatives as a permanent resource. We would also like to look at ways to improve our work with kin care providers to help them understand the legal definition of permanency and identify ways we can persuade them to move from long term foster care to a more permanent, legally acceptable relationship with the child.

Component A

Outcome/Systemic Factor:
2B Child and abuse neglect referrals by time to investigation

County's Current Performance:
For the quarter ending June 30, 2003 Contra Costa County had a 52% compliance rate for timely completion of 10 day investigations.

Improvement Goal A1.0
Increase compliance from 52% to 90%.

Strategy A1. 1 Using Safe Measures, obtain and monitor countywide, district and unit specific data for investigation compliance to analyze trends and performance.	**Strategy Rationale** Safe Measures is a CWS/CMS application that allows supervisors and managers to monitor unit and worker performance on specific process and outcome indicators. Use of Safe Measures to supervise staff supports worker accountability and overall unit performance.

Milestone	Timeframe	Assigned to
A1.1.1 Train all supervisors and managers in Safe Measures.	September 2004	Staff Development
A1.1.2 Write policy for use of Safe Measures by supervisors and managers. Obtain approval and publish.	October 2004	Division Manager for Evaluation
A1.1.3 Implement policy ensuring that mandated face to face contacts by the Emergency Response Social Worker are recorded in CWS/CMS within two to five business days for all referrals. Train all ER unit staff and supervisors.	November 2004	Staff Development and Program Analyst

	A1.1.4 Using Safe Measures, evaluate unit, worker, and district compliance for timely face to face contacts and timely entry of contacts to CWS/CMS.		November 2004		Division Manager for Evaluation
	A1.1.5 Monitor individual and unit's compliance for face to face contacts and timely entry to CWS/CMS and address variances.		September 2004 and ongoing		Supervisors
	A1.1.6 Monitor unit compliance and variances for the district. Work with supervisors on a regular basis to ensure effective use of Safe Measures and ongoing compliance with policy.		Monthly starting September 2004		Operational Division Managers
	A1.1.7 Review and discuss Divisions' and county's overall performance monthly.		Monthly starting October 2004		Management Team
Improvement Goal A2.0 Increase the capacity of the Bureau to respond timely to 10-day investigations during peak referral periods.					
Strategy A2.1 Increase number of staff capable of performing ER investigations.		**Strategy Rationale** With additional staff trained to complete ER investigations, districts will be able to complete investigations timely basis even during peak referral periods.			
Milestone	**A2.1.1** Policy has been written and is approved regarding the use of staff providing ER back up during peak referral periods.	**Timeframe**	December 2004	**Assigned to**	ER program analyst

	A2.1.2 Train staff identified for ER Program back-up.		January 2005		Staff Development
	A2.1.3 Analyze effectiveness of using back-up staff during peak periods.		March 2005		Division Manager for Evaluation

Strategy A2.2 Conduct pilot project of assigning workers to geographical dedicating workers to 10-day or immediate response referrals; assign referrals accordingly. Analyze results and implement county-wide if successful.	**Strategy Rationale** Currently, all ER workers investigate both 24 hour and 10-day referrals in any area of the district. Specialization of ER staff may support improved compliance and improve worker retention.

Milestone		**Timeframe**		**Assigned to**	
	A2.2.1 District office has been identified for pilot of geographically-assigned and dedicated immediate and 10-day response investigation workers.		August 2004		County Leadership Team
	A2.2.2 Explore, develop, and approve protocol and processes (including discussion with Labor Organization) for geographically-assigned and dedicated immediate and 10-day workers.		November 2004		Administrative Team, Division Manager for East County, Staff Development and Program Analyst
	A2.2.3 Complete three-month pilot (including one peak referral time period) and analyze data.		November through January 2005		Division Manager for East County and Division Manager for Evaluation.
	A2.2.4 Decide whether or not to implement dedicated immediate and 10-day workers and/or geographically assigned workers in all ER units county-wide.		February 2005		County Leadership Team

Describe systemic changes needed to further support the improvement goal. MIS (CWS/CMS): Implement policy to record initial face to face contacts by the Emergency Response Social Worker are recorded in CWS/CMS within two to five business days for all referrals. This will keep CWS/CMS data fresh and support functionality of Safe Measures oversight process.
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Train back-up staff to complete ER investigations; provide ongoing CWS/CMS and Safe Measures training.
Identify roles of the other partners in achieving the improvement goals. Not applicable.
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None.

Component B

Outcome/Systemic Factor:
2C Social worker visits

County's Current Performance:
For the quarter ending June 30, 2003 compliance with social worker visits ranged from 55.6% to 58.5%.

Improvement Goal B1.0
Increase compliance of social worker visits from 55.6% to 90%.

Strategy B1. 1	**Strategy Rationale**
Using Safe Measures, obtain and monitor countywide, district and unit specific data for monthly social worker visit compliance to analyze trends and performance.	Safe Measures is a CWS/CMS application that allows supervisors and managers to monitor unit and worker performance on specific process and outcome indicators. Use of Safe Measures to supervise staff supports worker accountability and overall unit performance.

Milestone	Timeframe	Assigned to
B1.1.1 Train all supervisors and managers in Safe Measures.	September 2004	Staff Development
B1.1.2 Write policy for use of Safe Measures by supervisors and managers. Obtain approval and publish.	October 2004	Division Manager for Evaluation
B1.1.3 Evaluate entry of contacts to CWS/CMS for timely entry and determine if policy needs to be implemented to improve timely entry. Train staff to CWS/CMS entry requirements for compliance and policy for entry.	October 2004	Division Manager for Evaluation, Staff Development , Program Analyst

	B1.1.4 Using Safe Measures, evaluate unit, worker, and district compliance for timely SW visits and for timely entry of contacts to CWS/CMS.		October 2004		Division Manager for Evaluation
	B1.1.5 Monitor individual and unit's compliance for timely SW visits and timely entry of visits to CWS/CMS and address variances.		October 2004 and ongoing		Supervisors
	B1.1.6 Monitor unit compliance and variances for the district. Work with supervisors on a regular basis to ensure effective use of Safe Measures and ongoing compliance with policy.		Monthly starting October 2004		Operational Division Manager
	B1.1.7 Review and discuss Divisions' and county's overall performance monthly.		Monthly starting October 2004		Management Team
Strategy B1. 2 Assure that the Bureau is in compliance with Visit Exceptions policy and entry of Visit Exceptions to CWS/CMS.		**Strategy Rationale** Staff shared during the Self-Assessment process that they experience difficulty in entering Visit Exceptions into CWS/CMS. We want to assure that the policy is clear, evenly applied throughout the Bureau and in the best interest of the children we serve. Policy needs to be clarified and ongoing monitoring will assure compliance.			
Milestone	**B1.2.1**. Redistribute Systems Bulletin regarding Visit Exception entry into CWS/CMS.	**Timeframe**	October 2004	**Assigned to**	CWS/CMS Systems Analyst and Staff Development.
	B1.2.2 Review current Visit Exceptions to assure they are correctly entered to CWS/CMS.		November 2004 to January 2005		Operational Division Managers

	B1.2.3 Complete random samples of cases in unit to assure Visit Exceptions are appropriate, approved, and entered correctly in CWS/CMS.		December 2004		Supervisors

Describe systemic changes needed to further support the improvement goal.
MIS (CWS/CMS) Ensure Visit Exceptions are recorded in CWS/CMS and are entered correctly.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.
Train staff to correct entry of contacts and Visit Exceptions in CWS/CMS; provide ongoing CWS/CMS and Safe Measures training.

Identify roles of the other partners in achieving the improvement goals.
No other partners involved.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.
None

Component C

Outcome/Systemic Factor:
Number and rate of first entries to Foster Care

County's Current Performance:
African-American children are referred at a rate that is twice as high as Caucasian and Hispanic children and then enter foster care at a rate that is 2 ½ times as high as both of those groups. 3.4% of all African American children in the County are in foster care as compared to 0.56% of white children and 0.43% of Hispanic children.

Improvement Goal C1.0
Reduce the overrepresentation of African-American children who are placed in out of home care by 5%.

Strategy C1. 1	**Strategy Rationale**
Implement Differential Response to use community-based, culturally competent preventive services for families at risk of child abuse and neglect; this will support communities in increasing quantity and quality of services.	The incidence rate of substantiated referrals for African American children in Contra Costa County is over twice as high as that for Caucasian children. The use of Differential Response will improve family engagement, assist referred families to build on their strengths, and link families with community leaders and resources. This will help communities to "care for their own."

Milestone	Timeframe	Assigned to
C1.1.1 Complete planning for implementation of Differential Response Pat h 1 and 2 for vulnerable population of under four year olds.	January 2005	Division Manager chair of Intake Structure Work Group and Intake Structure Work Group
C1.1.2 Support building community capacity by re-negotiating existing contracts and developing new contracts in the community for joint response by community agencies and the CFS Bureau.	July 2004 and on going	Division Manager Chair of Community Partnerships Work Group

	C1.1.3 Train Screening and ER staff to new Differential Response System.		March 2005		Staff Development
	C1.1.4 Train selected community partner agencies on Differential Response and their role in the new response system.		March 2005		Staff Development and Division Manager Community Partnerships
	C1.1.5 Train staff and partners to required forms and protocols for Differential Response.		May 2005		Staff Development
	C1.1.6 Phase in Differential Response in targeted areas		May 2005		Division Manager Chair of Intake Structure Work Group, Division Manager Chair of Community Partnerships.
Strategy C1. 2 Improve family engagement and good case planning through the investigation and detention phase of a case by the implementation of Team Decision Making (TDM) meetings for all under one year old African – American children who are detained or at risk of removal.			**Strategy Rationale** TDMs have been operational in the County for two years and have been successful in preventing placements of many children. This strategy expands the population of families served by TDM's to include all families with African-American children under 1 year old who are detained or at risk of removal.		
Milestone	**C1.2.1**. Planning completed and policy implemented to provide TDMs for families that African – American children under 1 year old who are detained or at risk of removal.	**Timeframe**	August 2004	**Assigned to**	Division Manager for TDMs and TDM Work Group
	C1.2.2 Establish and enhance partnerships through the Community Partnership Workgroup to increase community partners attendance at TDM's.		July 2004 and on going		Division Manager Chair of Community Partnerships Workgroup

	C1.2.3 Provide TDM readiness training for TDM participants.		July 2004 and on going		Staff Development
	C1.2.4 Evaluate impact of TDMs on the under one year old African Americans entering foster care.		Quarterly starting August 2004		Division Manager for Evaluation
Strategy C1. 3 Determine that all hospitals are following Health and Safety Code 123605 and have protocols in place for determining which newborns receive positive toxicology screens and which positive reports are referred to CFS. Evaluate referrals to assess standardization.			**Strategy Rationale** Increase hospitals' awareness for assuring fair and equitable use of toxicology screening protocols and subsequent referrals to CFS.		
Milestone	**C1.3.1** Contact Hospital administrators to request copies of their protocol for Health and Safety Code 123605; offer assistance with developing this protocol if they don't have one in place.	**Timeframe**	October 2004	**Assigned to**	CFS Director Administrative Analyst
	C1.3.2 Remind staff of CWS/CMS entries to record referrals with reports of positive toxicology. Evaluate disposition of these referrals.		November 2004		Division Manager for Evaluation
	C1.3.3 Review hospital policies and protocols for Positive Toxicology and evaluate for consistency. Provide assistance to hospitals in developing their protocols where requested.		December 2004		Program Analyst
	C1.3.4 Review data from pos tox referrals to evaluate standardization of testing and reporting across all ethnic groups.		August 2005		Division Manager of Program and Policy, Program Analyst and Division Manager of Evaluation.

Improvement Goal C2.0
Decrease the number of African-American children placed in out of home care for physical abuse.

Strategy C 2.1	**Strategy Rationale**
Assess the cultural implications and community norms surrounding child abuse and neglect and entry into out-of-home placement; examine the legal mandates around physical abuse.	The Steering Committee recommended beginning a dialog with African American community's related to corporal punishment and the legal mandates around physical abuse.

Milestone	Timeframe	Assigned to
C2.1.1. Review data on the number of African –American children entering the child welfare system for substantiation of physical abuse.	September 2004	Division Manager for Evaluation
C2.1.2 Support the Child Welfare Redesign Steering Committee sub group in examining the community norms surrounding child abuse and neglect, the community's understanding of corporal punishment, and the legal mandates around physical abuse.	November 2004	CFS Director Child Welfare Redesign Steering Committee
C2.1.3 Coordinate a community symposium to examine corporal punishment and the link to physical abuse.	March 2005	CFS Director and Steering Committee
C2.1.4 With the Child Welfare Redesign members facilitate a discussion for up to 20 Community Based Organizations and church groups regarding corporal punishment and the link to physical abuse to the community.	May 2005	CFS Director and Steering Committee

Describe systemic changes needed to further support the improvement goal. None
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Assistance could be obtained from the "Evidence-Based Practice Clearinghouse" at Children's Hospital in San Diego to identify evidence-based practices regarding toxicology screening, child welfare intervention with families, and partnering.
Identify roles of the other partners in achieving the improvement goals. Redesign Steering Committee to monitor and advise as information is obtained. AOD, Public Health, Welcome Home Baby, First Five Commission to partner with Bureau and assist in design of improved response to positive toxicology screened newborns.
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. This may be identified after consultation with the hospitals regarding screening and referral process.

Component D

Outcome/Systemic Factor:
Outcome Indicator 3A: Length of Time to Exit Foster Care to Reunification. For all children who entered foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were reunified within 12 months?

County's Current Performance:
36.9% of all children who entered foster care for the first time (and stayed at least five days) during the 12-month period were reunified within 12 months.

Improvement Goal D1.0
Increase the percent of children who are reunified within 12 months to 42%.

Strategy D1. 1	**Strategy Rationale**
Improve family engagement by expanding the variety of techniques and tools SW use in the case planning process. (Tools and techniques include TDMs, safety and risk assessments, cultural responsive assessment techniques, solution-focused practice, increased community collaboration, and use of parent mentors.)	Research and promising practices indicate that engaging families in creating a culturally competent case plan, that builds on family strengths, results in improved case plans that can be successfully completed by the family resulting in earlier reunification for children. At a recent all-staff retreat, staff contributed ideas on how to improve family engagement.

Milestones	Timeframe	Assigned to
D1.1.1 Research and recommend tools and techniques for family engagement; recommend tools and techniques to be implemented.	December 2004	Staff Development Program Analyst
D1.1.2 Train Supervisors and Social Workers in family engagement tools and techniques.	March 2005	Staff Development

	D1.1.3 Monitor to assure new methods of family engagement are implemented; evaluate effectiveness and cultural responsiveness.		August 2005		Operational Division Managers ER and Court Supervisors
Strategy D1. 2 Collaborate with the judicial system to explore ways of improving engagement of clients in case planning.		**Strategy Rationale** Staff reports that a significant barrier to family engagement in the case planning process exists when the client's attorney has instructed that parents not speak to the social worker.			
Milestones	**D1.2.1**. Present information to the judicial system regarding the components of Redesign, TDMs, family engagement, and "good case planning".	**Timeframe**	September 2004	**Assigned to**	CFS Director
	D1.2.2 Gather input from bench and bar members on ways to enhance family engagement in case planning.		December 2004 and ongoing		CFS Director and Program Analyst
	D1.2.3 Coordinate a symposium for Bureau staff and judicial system regarding family engagement in the case planning process.		May 2005		CFS Director, Program Analyst and Staff Development
Strategy D1.3 Assure that staff and care providers (kin and non-kin) understand the legal and philosophical basis of the importance of permanency for children, including specific discussion of reunification and adoption.		**Strategy Rationale** Bureau data and anecdotal reports indicate that improved implementation of concurrent planning is needed.			

Milestones	**D1.3.1** Train staff placing children with relatives to review informative handouts and facilitating discussions with relatives for understanding and exploring permanency for children in their care; mandate staff review of handouts with relatives.	**Timeframe**	October 2004	**Assigned to**	Operational Division Managers Supervisors, Staff Development, and Program Analyst
	D1.3.2 Develop and deliver training to staff to address values and skills related to concurrent planning.		March 2005		Staff Development and Program Analyst
	D1.3.3 Develop a case review system at the district level to review kin placements prior to disposition to determine if placement meets child's permanency needs.		June 2005		Program Analyst and Operational Division Managers

Improvement Goal D2.0
Increase the understanding between the Court System, County Counsel and Child Welfare regarding case planning, terminating reunification services at six months, and return of children prior to the twelve-month hearing.

Strategy D2.1 Assess the philosophy of the court system and child welfare regarding reunification and return of children prior to the twelve-month hearing. Implement changes in policy and practice.	**Strategy Rationale** The self-assessment team felt that the culture of our county is conservative when it comes to reunifying children prior to the 12 month review. This was confirmed by staff at the all staff retreat.

Milestones	**D2.1.1** Schedule a symposium that includes the judicial system, Bureau staff, parents and community members to discuss current practices of the system related to return of children between the 6 and 12 month hearings and the impact on children and families.	**Timeframe**	May 2005	**Assigned to**	CFS Director Staff Development Court Program Analyst

	D2.1.2 Using recommendations from the symposium develop and implement bureau policy to improve timely reunification of children, especially prior to or at 12 months from removal. Advise staff of Court, CASA, and attorney's practice changes.		July 2005		CFS Director with Court, CASA, attorneys Program Analyst
	D2.1.3 Evaluate changes in policy and practice.		September 2005 and on-going		Operational Division Managers and Evaluation Division Manager
Strategy D2. 2 Explore options and implement new strategies to increase the frequency and quality of visitation between parent and child by maximizing the use of current and expanding resources.			**Strategy Rationale** Research and promising practices indicate that there is a correlation between frequency and quality of visits between parents and child and timeliness of reunification.		
Milestones	**D2.2.1** Explore creative options and recommend changes to increase parent-child visitation throughout the county. These options may include Americorps workers and improved use of district office visitation rooms.	**Timeframe**	January 2005	**Assigned to**	Program Analyst Administrative Analyst
	D2.2.2 Explore options for providing incentives and/or reimbursing foster parents for providing transportation and supervising visitation and implement if recommended.		February 2005		Policy Division Manager
	D2.2.3 Implement policy regarding social workers facilitating connection between foster parents and biological parents within thirty days of placement.		December 2004		Program Analyst and Management Team

	D2.2.4 Provide training to staff and foster parents regarding engaging biological parents in the visitation and reunification process.		February 2005		Staff Development
	D2.2.5 Evaluate frequency of visitation and method of supervision of visitation to determine if current or new strategies are effective.		August 2005		Division Manager for Evaluation

Strategy D2. 3 Conduct pilot project utilizing foster parents to transport children, conduct and supervise visits, and provide assessment of visitation to social workers.	**Strategy Rationale** Family to Family and other innovative programs support expanding the role of foster parents in both visitation and support and work with biological parents.

Milestone		Timeframe		Assigned to	
	D2.3.1 Form committee including staff, parents, kin and non-kin care providers to develop protocol and plan for pilot project of foster parents working directly with birth parents, including supervising visitation.		March 2005		Homefinding Division Manager
	D2.3.2 Provide training to pilot project foster parents regarding engaging biological parents, visit supervision, and parenting assessment.		April 2005		Community colleges (in consultation with Staff development)
	D2.3.3 Identify pilot foster homes and implement new procedures to be piloted.		May 2005		County Leadership Team Policy Division Manager Homefinding Division Manager
	D2.3.4 Evaluate pilot project to determine effectiveness.		December 2005		Policy Division Manager

Describe systemic changes needed to further support the improvement goal.

- Case review system: changes in the relationship with court.
- Foster/adoptive parent recruit/license, retain: Changes in contribution of foster parents (resource families) in providing assistance in supervising visits. This would include new training and a change in the current accepted agreement with foster parents.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.
None

Identify roles of the other partners in achieving the improvement goals.
Court system will be involved in addressing issues such as improving court and Bureau responsiveness to reunification plans between court hearings. Foster parent association consulted regarding pilot project to change foster parents' roles regarding visitation.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.
None.